

CITY OF ST. CHARLES
FINANCE DEPARTMENT
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984
PHONE: (630) 377-4429 FAX: (630) 377-4487



ST. CHARLES
SINCE 1834

ALCOHOL TAX RETURN

Month Ending: _____ Account #: _____

Name of Business: _____

Due Dates: Jan: Due Feb 28	May: Due Jun 30	Sep: Due Oct 31
Feb: Due Mar 31	Jun: Due Jul 31	Oct: Due Nov 30
Mar: Due Apr 30	Jul: Due Aug 31	Nov: Due Dec 31
Apr: Due May 31	Aug: Due Sep 30	Dec: Due Jan 31

Computation of Tax:

- | | |
|--|----------|
| 1. Gross Alcohol Sales | 1. _____ |
| 2. Amount of Tax
Multiply Line 1 by 2% (.02) | 2. _____ |
| 3. <u>DEDUCT</u> Commission if Paid on Time
Multiply line 2 by 1% (.01) | 3. _____ |
| 4. Amount of Tax Payable
(Line 2 Less Line 3) | 4. _____ |
| 5. Penalty for Late Filing/Payment | 5. _____ |
- 1st late penalty: Multiply Line 2 by 5% (.05) or \$50.00 whichever is greater
2nd late penalty: Multiply Line 2 by 5% (.05) or \$100.00 whichever is greater
3rd late penalty: Multiply Line 2 by 5% (.05) or \$150.00 whichever is greater
- | | |
|--|----------|
| 6. Interest for Late Filing Per Month
Multiply Line 2 by 1.25% (.0125) x months | 6. _____ |
| 7. Tax, Penalties, Interest from Previous Months | 7. _____ |
| 8. Amount Payable to City
(Add Lines 4 + 5 + 6 + 7) | 8. _____ |

All Figures Are Subject To Audit

I hereby affirm that the statements herein contained are taken from the books and records of the above listed establishment and are correct to the best of my knowledge.

Dated this _____ day of _____
(Day) (Month) (Year)

Signature _____

Name (Please Print) _____

Title _____

Email Address _____ Phone # _____

This form may be duplicated by local establishments for tax payment purposes.

Revised 6/22/16